



# *City of Monterey Park Fire Department*

## *Patient Medical History Information*

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Weight \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Last Hospitalized for: \_\_\_\_\_

Other Information: \_\_\_\_\_

DNR Order where located: \_\_\_\_\_

*Do Not Resuscitate Order*

Emergency Contacts:

#1 \_\_\_\_\_  
Name Relationship

Phone # Cell Phone #

#2 \_\_\_\_\_  
Name Relationship

Phone # Cell Phone #

*In the event of an emergency this information will help the Fire Department help you.  
Please post this on your refrigerator.*

*Please fill out this form in English*